

CORRECTIVE ACTION PLAN: MONITORING FOR EFFECTIVENESS

FOR

LEA NAME

**DUE TO THE ARIZONA DEPARTMENT OF EDUCATION
EXCEPTIONAL STUDENT SERVICES**

BY

DATE

Prepared by

Mail CAP to:
**Dr. Lynn Busenbark
Arizona Department of Education
Exceptional Student Services
1535 West Jefferson
Phoenix, AZ 85007**

45-DAY ITEMS

[illegible]

SECTION I: CHILD IDENTIFICATION CAP

AGENCY: _____ FISCAL YEAR: _____

Item to be corrected	WHAT AND HOW (Use action verbs like develop, disseminate or train)	WHO	WHEN	ADE ONLY

SECTION II: EVALUATION CAP

AGENCY: _____ **FISCAL YEAR:** _____

Item to be corrected	WHAT AND HOW (Use action verbs like develop, disseminate or train)	WHO	WHEN	ADE ONLY

SECTION III: RE-EVALUATION CAP

AGENCY: _____ **FISCAL YEAR:** _____

[illegible]

SECTION IV: IEP CAP

AGENCY: _____ **FISCAL YEAR:** _____

[illegible]

SECTION V: DELIVERY OF SERVICES CAP

AGENCY: _____ FISCAL YEAR: _____

Item to be corrected	WHAT AND HOW (Use action verbs like develop, disseminate or train)	WHO	WHEN	ADE ONLY

SECTION VI: PROCEDURAL SAFEGUARDS CAP

AGENCY: _____ FISCAL YEAR: _____

Item to be corrected	WHAT AND HOW (Use action verbs like develop, disseminate or train)	WHO	WHEN	ADE ONLY